

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**MAXIMUM HUMAN PERFORMANCE,  
LLC,**  
*Plaintiff*

**V.**

**SUMMONS IN A CIVIL CASE**

**MUSCLEPHARM CORPORATION,**  
*Defendant*

CASE  
NUMBER: **2:16-CV-01900-WHW-CLW**

TO: *(Name and address of Defendant):*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**WILLIAM T. WALSH**

CLERK

**Elisaveta Kalluci**

(By) DEPUTY CLERK



ISSUED ON 2016-04-06 14:03:47, Clerk  
USDC NJD

| <b>RETURN OF SERVICE</b>  |          |       |
|---|----------|-------|
| Service of the Summons and complaint was made by <u>me(1)</u>   | DATE     |       |
| NAME OF SERVER ( <i>PRINT</i> )   | TITLE    |       |
| <i>Check one box below to indicate appropriate method of service</i>  |          |       |
| <div style="margin-bottom: 10px;"> <input type="checkbox"/> Served personally upon the defendant. Place where served: _____<br/>           _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Name of person with whom the summons and complaint were left: _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Returned unexecuted: _____<br/>           _____         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other (specify) : _____<br/>           _____<br/>           _____         </div> |          |       |
| <b>STATEMENT OF SERVICE FEES</b>  |          |       |
| TRAVEL  | SERVICES | TOTAL |
|   |          |       |
| <b>DECLARATION OF SERVER</b>  |          |       |
| <p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Executed on _____</p> <p style="text-align: center;">Date</p> </div> <div style="width: 50%;"> <p>_____<br/> <i>Signature of Server</i></p> <br/> <p>_____<br/> <i>Address of Server</i></p> </div> </div>   |          |       |